SALARY ADVANCE

Capital Area Health Consortium (CAHC) employees are eligible to receive a salary advance of up to $2,000 (no interest) upon arrival to the area. This advance is to bridge the gap between orientation and receipt of their first paycheck. This is a limited program for incoming residents/fellows only. A minimum of $200 per pay period will be deducted from the resident's/fellow's paycheck in August until the salary advance is paid back.

Please contact your program coordinator to initiate the process.

DEPENDENT CARE REIMBURSEMENT ACCOUNT

Capital Area Health Consortium (CAHC) employees may qualify for a pre-tax dependent care reimbursement account. Qualified employment-related dependent care expenses (those expenses incurred by you in order that you can be gainfully employed) may be deducted from an eligible resident's/fellow's payroll on a pre-tax basis.

MEDICAL AND DENTAL INSURANCE

Medical and dental insurance is provided for all residents/fellows employed by the Capital Area Health Consortium (CAHC). There is a pre-tax payroll deduction per paycheck to cover employee, spouse and/or children. Coverage begins on the first full day of employment and includes co-pay for office visits and prescriptions. The insurance includes hospitalization, medical-surgical, major medical, prescription drug and dental.

The CAHC staff must be made aware of any changes in dependent status (i.e., marriage, birth, divorce). When a change occurs, please contact the CAHC staff for a new application.

☐ Marriage: An application to add a spouse must be returned to the CAHC within 30 days of the marriage.
☐ Birth/Adoption: The CAHC must be contacted immediately after the birth/adoption of a child if insurance coverage is desired. An application must be completed and returned to the CAHC no later than 30 days after the birth.

LIFE INSURANCE

Group term life insurance is provided to all full-time residents/fellows employed by the Capital Area Health Consortium (CAHC). The effective date is the first day of employment. Each resident/fellow must fill out and sign an enrollment form provided by the CAHC. If a resident/fellow elects not to take the insurance or not to select a beneficiary, a waiver form must be completed.

A resident/fellow is required to notify the CAHC when changes in beneficiary are necessary. A change of beneficiary form is available on the website https://health.uconn.edu/graduate-medical-education/cahc/benefits-and-payroll/.

Coverage includes life insurance and accidental death and dismemberment (AD&D) insurance.
Each resident/fellow will receive his/her own group insurance certificate.

**TAX-SHELTERED INVESTMENT PROGRAM**

Capital Area Health Consortium (CAHC) has a Tax-Sheltered Investment Plan (403b) available for its employees. Money may be deducted from each paycheck on a pre-tax basis (403B) or a post-tax basis (Roth). The pre-tax option reduces the amount of income that is taxed increasing your net pay. The funds become taxable to you upon distribution at retirement. Contributions made to the Roth post-tax plan are subject to withholding. However, contributions and earnings are not taxable upon distribution at retirement (please see IRS rules for further clarification). **There is no matching contribution from the employer. CAHC is responsible only for the payroll deduction and remitting the contribution to the investment institution. CAHC is not responsible for any investment decisions.**

Contact the financial consultants below regarding the details of the TSI plan.

Tom Grant: 860-606-0816 tgrant@mwfinancial.com

**COBRA INSURANCE COVERAGE CONTINUATION**

When a resident/fellow ends their employment, they are eligible to extend their current health insurance by paying the monthly premium themselves. This is also available to spouses and children who are on the policy at time of separation of resident/fellow from the program.

The coverage may be purchased monthly for up to 18 months, and can be cancelled at any time. One of the Consortium staff will meet with each resident when he/she leaves employment to provide the COBRA enrollment form and explain the details. In the event of a resident/fellow divorce or death, COBRA may be purchased monthly for up to 36 months by a spouse.

Revised 4/17
Reviewed 4/19